GUILFORD EYE CENTER
OD / PA

Dr. Sherman Thurmond • Dr. Craig Wood • Dr. Rhonda Thurmond

Contact Lens Agreement

1. All contact lens services are separate from the routine eye exam. The contact exam assesses and monitors issues relevant to the fit and performance of contact lenses and your ocular health. These services are not included in your insurance copay. You will be responsible for ALL PROFESSIONAL SERVICES today. This is in addition to your co-pay. Please initial _____
2. A Corneal Topography is required on all new and existing contact lens wearers. This advanced technology is used to insure the best possible fit of your contact lenses and to assess whether prior contact lens use has caused damage to the ocular surface. This procedure is not covered by insurance. The fee for the topography is $28.00.
3. By law, all contact lens prescriptions are considered expired twelve (12) months from the date of the last full eye exam. We cannot make exceptions to this, and we ask for your cooperation in this matter.
4. Contact Lenses are a personal device designed for your individual eyes. Please do not share your lenses or contact lens case with others, as this can spread infection. Futhermore, they cannot be reused or returned for credit once ordered. In the event a patient is unsuccessful at contact lens wear, Guilford Eye Center will issue an in office credit for any materials purchased and NOT ordered.
5. Your adherence to instructions and schedules recommended by your doctor and our staff is essential for successful contact lens wear. Any deviation from such recommendations can result in possible lens damage, contamination, intolerance and/or infection.
6. Contact Lenses should never be worn when your eye is red or uncomfortable. Redness can be a sign of a serious problem and should be seen by the Doctor without delay.
7. Due to present liability laws, the North Carolina Optometry Board does not require our office to release a contact lens prescription to any non-licensed lens distributors.

IF YOU HAVE ANY QUESTIONS ABOUT THIS AGREEMENT, PLEASE ASK ANY STAFF MEMBER BEFORE YOUR EXAM.

I have read and understand the above policies. If questions or eye related problems should arise, I will contact the office and seek appropriate medical help. I understand that Guilford Eye Center has a 24 hour emergency number in which the doctor may be reached at any time. I agree to return for periodic evaluation as recommended by the doctor, and I understand my prescription expires 12 months from the date of last comprehensive eye exam.

Patient Signature: _____ Date: _____